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Permanent Forum on Indigenous Issues
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Implementation of the recommendations on the six mandated areas of the Permanent Forum and on the Millennium Development Goals

Ongoing priorities and themes

Information received from the United Nations system and other intergovernmental organizations

United Nations Population Fund

Summary

The present note is a summary of the activities of the United Nations Population Fund by region and by country. These activities seek to address the recommendations of the Forum that are related principally to the incorporation of indigenous peoples' issues in the formulation of sector policies; the incorporation of perspectives of indigenous healers and cultural perspectives on health and illness into policies, guidelines and programmes; the integration of the human rights, including reproductive health rights, and special concerns and needs of indigenous women into United Nations programmes and policies; addressing the urgent needs of indigenous children and youth; mainstreaming indigenous gender issues and integrating the special needs and concerns of indigenous women into their programmes and policies; and collecting disaggregated data on indigenous peoples.

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I. Response of the United Nations Population Fund to general recommendations of the Forum

A. Incorporate indigenous peoples' issues into the formulation of sector policies for development cooperation and address indigenous peoples' issues in their joint development programmes and projects

1. In response to this recommendation of the Permanent Forum on Indigenous Issues, during 2007, the Latin America and Caribbean Division of the United Nations Population Fund (UNFPA) formulated, in draft form, its strategic plan for indigenous issues, to provide increased guidance to its country offices and partners working on indigenous issues during its 2008-2011 programme cycle.

2. Also noteworthy is that all UNFPA country programme documents approved during 2007 for the period 2008-2012, for Mexico, Colombia, Costa Rica and Nicaragua, recognize the importance of working on indigenous issues, and have included concrete interventions in their three programme areas: population and development, reproductive health and rights, and gender equality.

3. In response to Government priorities and priorities of indigenous peoples in Ecuador, inter-agency collaboration and joint programming processes on indigenous issues intensified during 2007. An example of that was the collaboration between the Government of Ecuador and UNFPA and the United Nations Development Programme (UNDP) on the preparation of the national 2007 Millennium Development Goal report. The report highlights disparities among indigenous and non-indigenous populations and presents a series of policy recommendations and strategies to address such inequalities.

4. In Bolivia, UNFPA and other United Nations agencies have played a key role in assisting the Government and members of the Constitutional Assembly in discussing matters related to indigenous peoples, especially indigenous women and youth. This inter-agency collaboration has contributed to an informed discussion and to the inclusion of relevant topics pertaining to indigenous women and indigenous youth rights in the new national Constitution.

5. In Bolivia, UNFPA and other United Nations agencies facilitated the debate on the United Nations Declaration on the Rights of Indigenous Peoples, which led to its adoption as law. The work between indigenous peoples and United Nations agencies in Bolivia was facilitated by the important work carried out by the Council for Dialogue among Indigenous Peoples and the United Nations System, created in 2006.

6. In Guatemala, during the recent presidential elections, UNFPA, in partnership with other United Nations agencies, assisted a process for guaranteeing the equal rights of indigenous peoples, including indigenous women, in all public matters. In order to contribute to compliance regarding these rights, UNFPA has contributed to the strengthening of national institutions, such as the Presidential Women's Secretariat, the Office of the Ombudsman of Indigenous Women, the Planning and Programming Secretariat of the Presidency, and the Institute of National Statistics, among others.

7. UNFPA participated in the group formed by the United Nations country team in Nepal to review the draft United Nations Development Group guidelines on indigenous peoples' issues. UNFPA is a member of the Social Inclusion Action Group, which comprises members of United Nations agencies, international non-governmental organizations (NGOs) and donors.

B. Incorporate perspectives of indigenous healers and cultural perspectives on health and illness into policies, guidelines and programmes, and Integrate the human rights, including reproductive health rights, and special concerns and needs of indigenous women into United Nations programmes and policies

8. During 2007, UNFPA continued advancing its work in the development and implementation of intercultural reproductive health models, programmes and strategies, in order to address the high indicators in the area of maternal mortality among indigenous women, harmful practices and the growing spread of HIV/AIDS among indigenous peoples, including women. UNFPA is clearly contributing in this regard to the achievement of the Millennium Development Goals, particularly goals 4, 5 and 6.

9. In responding to the Forum recommendation that UNFPA share lessons learned and experiences in dealing with reproductive health issues in a culturally sensitive manner, UNFPA Honduras and other United Nations agencies, such as UNDP, the United Nations Children's Fund (UNICEF) and United Nations Volunteers have been preparing and will carry out during 2008 an inter-agency project on the theme "Improving maternal mortality indexes", affecting mainly indigenous groups in the country. The project will be carried out in the departments of Colon and Gracias a Dios, where the Pech and Misquita indigenous peoples live. Through this project UNFPA Honduras and its sister agencies will contribute to the advancement of goal 5 — improving maternal health. The positive experiences and lessons learned in the region on intercultural health and strategies will be drawn upon to improve project quality and effectiveness.

10. In Mexico, UNFPA continued assisting the active participation of indigenous peoples in the design of culturally pertinent policies and programmes for the exercise of reproductive rights and improvement in the quality of health-care services.

11. In order to achieve universal access to reproductive health, one of the indicators for measuring progress towards the Millennium Development Goals, within the context of improving maternal health, the country office in Mexico supported the institutionalization and development of two health models for indigenous women migrating from Oaxaca to the north-western States of the country, working thus in the State of origin and of destination. The model called "Paso a paso: cuidando el embarazo" recognizes and incorporates ancient medicinal practices of indigenous peoples.

12. Another culturally sensitive health model supported by UNFPA Mexico was that of the Huasteca region of San Luis Potosí, which, in close partnership with communities, created a health model to improve reproductive health services in

which both Western-trained health personnel and traditional midwives work in close collaboration.

13. In Panama, UNFPA, in partnership with the International Fund for Agricultural Development, the Ngobe Women's Association and the Ministry of Health, continued its work in intercultural reproductive health and rights, reaching indigenous women in 44 different Ngobe communities. Among the changes brought about in reproductive health services have been the inclusion of traditional midwives in the labour process, and their acting as cultural brokers between indigenous women and health personnel. Traditional midwives are providing advice to doctors on how to best treat indigenous women and negotiate with the accompaniment of family members before, during and after birth. A community home close to the health services was created by the Ngobe Women's Association, with UNFPA support, to assist indigenous women in the days before and after birth. So far, 423 women have attended this home in the past two years.

14. In partnership with the NGO, CEASPA and the Office of the Ombudsman, UNFPA Panama also supported the creation of a territorial anti-corruption committee, whose role is to oversee the quality of services provided by the Ministry of Health. Simultaneously, community transportation mechanisms are being promoted in order to prevent delays in access to health services by pregnant indigenous women.

15. In Panama, UNFPA is also contributing to the fight against HIV/AIDS, by incorporating HIV/AIDS prevention training into all training activities with community health promoters and with the community advocates on women rights.

16. In Guatemala, UNFPA contributes to the revaluation and upholding of the role of traditional midwives and spiritual guides, recognizing their importance in all maternal and reproductive health matters. Midwives have been training in the provision of basic services to indigenous women and in their referral to obstetric services, and are being recognized as community leaders who are capable of integrating themselves and participating in the participatory mechanisms of official health systems.

17. UNFPA Ecuador, along with other United Nations agencies, continues its work in the area of intercultural reproductive health. It has contributed to the creation of knowledge, to the promotion of quality reproductive health services for indigenous women and to dialogue, regarding alternative models for addressing gender-based violence among indigenous women.

18. It provided support for a study on the perceptions of indigenous women on reproductive health services in Otavalo and Chimborazo, which led to the identification of socio-cultural barriers to reproductive health services. In Otavalo, UNFPA promoted intercultural health practices, including the use of Quechua among health providers and the training and physical adaptation of health services for the promotion of "vertical labour". At the same time, in Chimborazo, Sucumbíos and Bolivar, it supported training activities for indigenous women, local indigenous leaders and health promoters on reproductive rights and gender equality issues, and in Chimborazo it collaborated in the establishment of a local oversight community mechanism to supervise compliance of public institutions with the law on free maternal health services.

19. In Colombia, with the support of UNFPA, a specific indigenous community and local authorities have agreed to work together with representatives of Government institutions such as the Office of the Ombudsman and the Colombian Institute of Family Welfare to eliminate harmful traditional practices among women and girls, devising together culturally sensitive strategies. It is expected that in carrying out a workplan during 2008, awareness and documentation of the harmful practices will be recognized and gradually eliminated. In this way, UNFPA Colombia responds to the need of guaranteeing women and girls their rights to health, life and integrity, and to addressing forms of discrimination.

20. An important advance in Colombia has been the agreement reached at the seventh National Indigenous Organization of Colombia, which approved a mandate for traditional governments, which states that practices and cultural beliefs that affect the integrity of indigenous women should be revised.

21. UNFPA Colombia is planning to strengthen the capacities of midwives and health agents to properly address reproductive health issues and extrapolate lessons to other possible communities with similar problems.

22. UNFPA Nicaragua initiated a study in the area of intercultural reproductive health in the South Atlantic Autonomous Region, analysing the reproductive health situation of indigenous women and the contributions of traditional medicine to their health. Interactive radio programmes were used to disseminate the debate among indigenous communities, and a meeting with traditional doctors was promoted for the exchange of knowledge and experiences. Within this context, UNFPA supported a community diploma on sexual and reproductive health and education with emphasis on HIV/AIDS prevention and gender equality, which led to the development of six case studies and the creation of a network of voluntary health promoters in sexual and reproductive health.

23. In Peru, some of the more important projects that are being implemented by UNFPA and its counterparts have been developed in geographic areas where there are indigenous peoples. For example, in the regions of Ayacucho, Apurimac and Puno, UNFPA has initiatives that are related to maternal health, the prevention of adolescent pregnancies, and the prevention and treatment of cases of violence against women. These regions have mostly Quechua or Aymara-speaking communities. Likewise, in the region of Ucayali, UNFPA has an initiative on adolescent reproductive health, which is being developed in an area where there are populations that belong to Amazonian indigenous populations. In addition, UNFPA supported the production of a DVD on the "vertical child delivery" process. The DVD provides health-service providers with guidelines on the best way to facilitate this process in rural service delivery points.

24. In Viet Nam, ethnic minorities account for 13.7 per cent of the total population, and are located mainly in mountainous and coastal regions. Current data show that the socio-economic and health status of ethnic minorities is very low compared with the national average, especially for those minorities located in northern mountainous and central highland provinces. In these provinces, the combination of difficult geographic terrain and cultural barriers adversely influences women's access to social services. A recent study by the Ministry of Health showed an estimated national maternal mortality rate of 165/100,000. However, the figure is even higher in mountainous and remote regions where the ethnic minorities reside. For instance, in Cao Bang, a northern mountainous province, the rate is

411 maternal deaths per 100,000 live births, while in Binh Duong, a southern lowland province, it is 45 per 100,000 live births.

25. To assist the Government improve the quality of reproductive health care for ethnic minorities, UNFPA is providing the following technical and financial support:

(a) A mixture of basic and comprehensive emergency obstetric care in prioritized areas: UNFPA provides support for the implementation of an emergency obstetric care model, including a community-based blood bank and emergency referral systems, in selected remote and mountainous districts. Essential medical equipment will be supplied to obstetrics and gynaecology departments of district hospitals. In selected community health centres, more basic emergency obstetric care will be introduced;

(b) Training ethnic minority midwives in remote areas: in areas where physical access to maternal and neonatal services is difficult and the rate of home delivery is still high, support will be given to ethnic minority women to attend a special training programme on midwifery. Ethnic women will be nominated by their communities to be trained in maternal and neonatal health so that they can perform normal deliveries and refer complicated cases to higher levels. After the training, they will return to work in and serve their communities;

(c) Supply of reproductive health equipment and essential reproductive health drugs and upgrading of facilities: to ensure the quality of reproductive health-care services in remote and underserved areas, UNFPA provides selected medical equipment, appropriate means of transport, and essential drugs. The supplies given will be on the basis of need assessments;

(d) A community-based referral system for safe motherhood: UNFPA is piloting a community-based model to work out how to transport women with a pregnancy complication, on time, to a referral health facility;

(e) Behavioural change communication on sexual and reproductive health in communities: UNFPA supports community-based health education activities using behaviour change communication approaches that require the active participation of local communities;

(f) Monitoring and evaluation of outreach activities: support is given to district outreach health-care teams to provide monitoring and supervision, technical assistance and outreach services to communities in most difficult situations in close collaboration with NGOs.

26. In Nepal, indigenous peoples called Janajatis are defined by the National Committee for the Development of Nationalities as members of the Janajati ethnic group, which has its own mother tongue and traditional culture and yet does not fall under the conventional four-fold Varna, or Hindu hierarchical caste structure. Historically, the Janajati groups occupied a particular habitat or territory, and thus many of them claim to be the first true settlers of Nepal. There is lack of data and research on indigenous peoples. Caste and ethnicity were included only in the 1991 census. According to the Nepal 2001 population census, indigenous groups comprise nearly 37 per cent of the total population of Nepal. The National Foundation for the Development of Indigenous Nationalities Act, 2002 (Adibasi-Janajati Utthan Rastriya Prathisthan, 2058 BS), identified 59 groups as indigenous groups. However, population data are available only for 42 groups.

27. Ensuring the rights of indigenous peoples is very important in the agenda of peace initiatives in the country. The Interim Parliament passed the constituent members' election bill, adopting a mixed electoral system — 335 out of 575 seats for proportional representation and 26 to be nominated by the Prime Minister. Of the seats for proportional representation, 37.8 per cent have been reserved for indigenous peoples. Recently, the Government declared several feast days of indigenous peoples as national holidays. Social inclusion is one of the four main pillars in the national poverty reduction strategy paper, and social justice and social inclusion are national priorities in the national interim development plan (2008-2010). The United Nations Development Assistance Framework (UNDAF) for Nepal has identified human rights, gender and social inclusion as one of the four outcomes.

28. In line with UNDAF, the UNFPA country programme action plan (2008-2011) will advocate for the integration of social inclusion into development plans and programmes, to support relevant ministries in the revision of policies and mechanisms to reduce institutional barriers to exercising rights and accessing services for all excluded groups and to build the capacity of selected communities to participate in local-level planning, monitoring and evaluation of quality reproductive health services.

29. On the basis of a needs assessment carried out in 2006, UNFPA has recognized the need for more comprehensive strategies to increase access to basic services and to increase demand among the most marginalized and vulnerable communities in Nepal. In 2007, UNFPA began implementation of a strategic direction framework to improve service delivery and increase demand for services at the community level, and thus reach the poorest in a gender-sensitive and socially inclusive manner. Affirmative measures were taken for the recruitment of indigenous staff in line with the UNFPA commitment to end discrimination and to use its expertise and cultural knowledge for further partnerships and programmes with indigenous communities. Targeted interventions for the most vulnerable, including the indigenous communities, will continue in the sixth country programme.

30. In Cambodia, indigenous concerns were incorporated into the UNFPA country programme for 2006-2010 regarding reproductive health, population and gender, targeting provinces and districts where large communities of indigenous peoples live. In these regions, specific support is provided for reproductive health services and the incorporation of gender, population and reproductive health issues into local planning processes.

31. In the Lao People's Democratic Republic it has been identified that certain vulnerable ethnic groups face specific challenges related to reproductive health status, including high fertility rates (families with up to nine and ten children are not uncommon), high maternal mortality rates (as high as 2,000/100,000) and higher neonatal and infant death rates.

32. A number of traditions and practices in certain ethnic groups can directly influence their reproductive health status. To better understand these different practices, the UNFPA country office has supported the elaboration of some qualitative studies, such as the studies on the themes "Gender and ethnic issues that affect the knowledge and use of reproductive health services in six ethnic villages of the Lao People's Democratic Republic" and "Participatory ethnographic and evaluation research" in three southern provinces. Both studies highlighted

traditional practices that can vary per ethnic group, including differences in the initiation of sexual activity, age of marriage and childbirth practices, including the presence, or absence, of others at delivery; the existence of certain practices associated with food, pregnancy and delivery; certain hierarchic family structures, including in-laws and husbands, reportedly limiting the decision-making role of woman regarding reproductive health choices; for example, regarding the number of children, the use of contraceptives, going for antenatal care, assisted delivery, etc. These studies also found that in general people from all ethnic groups had an interest in reducing or spacing the number of children; and only in a few cases was family planning judged as sensitive and seen as a potential "ethnic cleansing practice". Another important finding was that, owing to limited access to education, especially among women of certain ethnic groups, and since most information materials and the media are available only in the Lao language, women's access to information and education on reproductive health issues is often very limited and highly dependent on the attitudes and perceptions of men. In addition, the predominantly trained Tai-Kadai health-care providers are often unable to close the communication gap; and different perceptions related to health-seeking behaviour and traditional practices remain. There is also at times lack of trust between the various ethnic groups, which directly hampers service delivery.

33. In order to overcome these gaps and to reach the most vulnerable groups, the UNFPA country office has initiated, in cooperation with the Ministry of Health, a number of programme strategies, including the following:

(a) Production of information, education and communication materials, including a DVD, in four ethnic languages, focusing on reproductive health information and a special DVD targeting men and one targeting women;

(b) Increased family planning coverage through training and operationalization of community-based family-planning distributors, coming from remote ethnic communities, and the provision of services to their own communities; the training of village health volunteers to be able to manage village drug kits; and the provision of family-planning commodities;

(c) Increase skilled delivery: in 2007 a skilled birth attendance assessment was initiated that took into account the specific needs of the vulnerable ethnic groups. That assessment will guide the development plan on skilled delivery and define eventual strategies to increase access to all ethnic groups to skilled delivery.

34. Regarding Nepal, 2007 was a special year for UNFPA in its work supporting the Government of Nepal in successfully launching the population and reproductive health integrated-community-based programme (PARHI CBP) with the specific objectives to empower communities, including socially excluded groups, to demand quality reproductive health services and strengthen the reproductive health services delivery system at the district and village levels, in line with the aim of the new strategic programme. PARHI CBP scored some notable achievements in the two objective areas in six districts (Saptari, Mahottari, Rauthat, Kapilvastu, Dang and Dadeldhura), which are evident through various monitoring findings and progress reports. One of the key features of the programme is that it has effectively taken an inclusive approach to mobilizing people from socially excluded groups (especially Dalits, Janajatis and religious minorities) for bottom-up planning processes. Effort to ensure meaningful participation of the community and strengthening the health

delivery system was concentrated in all of the village development committees situated in the catchments of selected primary health-care centres.

35. The selection of the primary health-care centres last year was based on a rigorous process. The cluster approach, considering primary health-care centres/ health post as the unit of selection, was adopted. The indicators for selection criteria were: the concentration of marginalized populations (Dalits and Janajatis); and female literacy of the village development committees based on the 2001 population census. The Census Bureau of Statistics could record only 42 of the 59 distinct cultural groups noted by the national committee on nationalities. On the basis of this common methodology, a total of seven primary health-care centres and their catchments covering 53 village development committees across the six PARHI CBP districts were selected.

C. Mainstream indigenous gender issues and integrate the special needs and concerns of indigenous women into their programmes and policies

36. An inter-agency seminar organized in Sucumbíos has initiated a discussion on alternative models for addressing gender-based violence among indigenous women and girls. Continued support for this innovative work will be needed in 2008 in order to pursue the construction of these alternative models with community support.

37. In Bolivia, UNFPA has continued a discussion with indigenous women groups on a new gender paradigm that is in harmony with world views of indigenous women. This conceptual model will be shared with other indigenous women groups for reflection and future debate.

38. In Panama, UNFPA, together with UNICEF, supported the National Council of Indigenous Women in the formulation of its strategic plan for 2008-2012. This plan, formulated with a human rights perspective, aims to promote equal opportunities for indigenous women, improve the quality and access to public health and educational services, and promote sustainable forms of development that respect the biodiversity of indigenous territories.

39. The UNFPA-IFAD-funded project in Panama is also contributing to goal 3, through the promotion of education of indigenous girls and negotiating with teachers and the local school system the right of indigenous girls to attend school in their own traditional dresses.

40. In Guatemala, UNFPA provided support to the Presidential Women's Secretariat for the inclusion of indigenous women's issues in its policy. The national policy for the promotion and development of Guatemalan women includes specific topics related to indigenous women, particularly those related to the prevention of sexual violence, the protection and promotion of rights, participation in decision-making processes and the recognition of de facto equality in the areas of health, education, employment, and public and private life matters. It has also contributed to the creation, strengthening and legal recognition of a network of indigenous women for peace.

41. In Nicaragua, UNFPA was able to carry out two studies and design two projects with indigenous women of the Atlantic Autonomous Region in partnership with NGOs and the Polytechnic University of Nicaragua. The objectives of both the studies and the projects are to raise awareness among indigenous women of their rights and to identify sociocultural gender practices that constitute risk factors for HIV/AIDS and other sexually transmitted diseases among the Tasba Pri indigenous peoples.

42. In Malaysia, UNFPA initiated in 2007 a pilot project to improve the capacities of marginalized women, including indigenous women, to protect themselves from violence and other related problems and to build capacities of, and sensitize, NGOs and law enforcement officers (police, welfare and prison officers), politicians and the media to respond to gender-based violence.

43. Within that framework, a needs assessment was recently conducted to determine the knowledge, attitude and experiences of women in matters pertaining to reproductive health, gender-based violence and other related problems. Consequently, training materials will be either adapted or developed and used for training in 2008 and beyond (under the next country programme period 2008-2012).

D. Address urgent needs of indigenous children and youth

44. In Mexico, UNFPA has been working for more than 10 years for indigenous youth and has made efforts to develop several models for sexual and reproductive health communication campaigns in different languages and culturally sensitive education materials. Information, communication and education have been key strategies for approaching adolescents and indigenous youth and building trust and knowledge, particularly in the state of Chiapas, among the Tseltals and the Tsotiles of the Huasteca region.

45. Participatory sexual and reproductive health and reproductive rights models for indigenous youth were also developed in Chiapas and Guerrero. In San Luis Potosí, UNFPA supported the establishment of a sex education programme, which has strengthened the primary school education model.

46. In Guatemala, UNFPA has continued its work with indigenous adolescent girls, contributing to the creation of livelihood skills and job opportunities, along with education in sexual and reproductive health.

47. In 2008, UNFPA will initiate in Nicaragua a project on sexual and reproductive health, geared principally to adolescents and youth of the Caribbean coasts, where indigenous and Afro-descendant youth groups primarily live. It will derive many lessons and best practices from the Mexico experience.

E. Collect disaggregated data on indigenous peoples

48. UNFPA carried out in 2007 a workshop for the successful preparation and implementation of the 2010 round of population and housing censuses. It included a special session on the topic of indigenous peoples. Important topics were discussed, such as the importance of promoting the participation of indigenous leaders in census preparatory activities and of formulating adequate questions to capture this data adequately. As a result of the discussions, UNICEF, the Economic Commission

for Latin America and the Caribbean (ECLAC) and UNFPA agreed to carry out during 2008 a specific workshop on the topic of indigenous peoples and population censuses.

49. Likewise, at the regional level, the UNFPA partnership with the Population and Development Division of ECLAC, permitted the generation and dissemination of a "System of socio-demographic indicators on indigenous peoples and populations for the Americas", including the elaboration of studies on indigenous urban migration and settlements.

50. In Guatemala, UNFPA has provided support for the generation and use of disaggregated data on indigenous peoples in rural and urban areas. In this regard, it has helped Government institutions in the elaboration of indexes of social marginality and introduced them into strategic territorial plans of action in order to make visible the concerns of indigenous peoples at the local level. In addition, a project to strengthen statistics, with an emphasis on gender and ethnic issues, is being designed and will be coordinated by the National Statistical Institute, the Presidential Secretariat of Women, and the Office of the Ombudsman for Indigenous Women.

51. During 2007, the UNFPA country office in El Salvador provided guidelines on and promoted the involvement of indigenous peoples in the process of their recent population and housing census (May 2007), which will hopefully produce updated information on indigenous peoples.

52. In Ecuador, UNFPA assisted the generation, usage and dissemination of disaggregated data on indigenous peoples and the establishment of the National Statistical Committee for Indigenous Peoples and People of Afro-Ecuadorean Descent. This Committee, in close coordination with the National Institute of Statistics and Censuses, the Council on Indigenous Nationalities and Peoples of Ecuador, and the Council for Afro-Ecuadorian Development, will seek to harmonize qualitative and quantitative information and methodologies in order to derive more precise indicators for measuring life conditions among indigenous peoples. Moreover, in close partnership with the Population and Development Division of ECLAC, UNFPA carried out a workshop for reviewing the best qualitative and quantitative collection of statistics on indigenous peoples.

53. In Mexico, UNFPA assisted the design and use of geo-demographic information systems designed in priority states to collect and systematize reliable data to improve their availability, as well as for mapping the location of different indigenous peoples. These systems support public policies aimed at expanding local capacities for decision-making processes and increasing awareness on indigenous development issues. Likewise, in the Lancandona tropical forest of Chiapas, UNFPA México provided support for the elaboration of surveys and qualitative studies on reproductive health, population dynamics and the usage of natural resources. Responding to the Forum recommendation on addressing the issue of migration among indigenous groups, UNFPA México supported the definition of strategies and public policies that address the consequences of migration to and from the state of Guerrero.

54. In Nicaragua, in partnership with the University of the Atlantic Autonomous Region and ECLAC, UNFPA carried out a study on the theme "Socio-demographic inequalities: tendencies and relevance for public policies". This study highlights the

disparities that exist in general fertility and in adolescent fertility, and its relationship to high levels of infant mortality among indigenous peoples. The results of the study were presented with recommendations to the Technical Secretariat of the Presidency, NGOs, universities and civil society groups in the last quarter of 2007.

55. At the request of the Secretariat of the Presidency of Honduras, UNFPA conducted a similar study on the theme "The ethnic issue in Honduras, policy strategies and criteria for geographic targeting of culturally differentiated groups". The study was formulated on the basis of Government recognition that during the past 10 years, the State has had a tendency to address indigenous and Afro-descendent peoples' issues from a "pro poor" perspective, and with a tendency towards homogenization. By not recognizing cultural diversity, its development initiatives towards them have been limited, and the strategies and tools used have not been sufficiently efficient or effective. This interesting study recognizes that a new agenda for dealing with indigenous and Afro-descendent populations should consider the need for a legal and institutional framework and a specific policy that recognizes the importance of intercultural policies for achieving development with identity in Honduras.

56. In Brazil, UNFPA is intensifying its work on indigenous issues, and during 2008 it will partner with the Ministry of Public Affairs and various universities to carry out, with the assistance of Spanish funds, a comparative study on the situation of the Guarani people living in the border areas of Brazil, Paraguay and Argentina. It is expected that this study will inform policymaking and decision-making regarding indigenous peoples. UNFPA will contribute to the socio-demographic and anthropological component.

57. In Cambodia, indigenous issues were also incorporated into the 2008 census. Special attention is being given to advocacy materials for indigenous groups and selection of indigenous enumerators to ensure the full participation of these groups. Key data will also be disaggregated by indigenous languages to ensure that complete information on indigenous groups is available. In late 2006 and early 2007, UNFPA supported consultation on indigenous issues in Rattanakiri, the most populated indigenous area. District consultative workshops led up to a provincial consultative meeting with the active participation of indigenous persons, relevant Government institutions, stakeholders and donors, with the purpose of publicizing their specific reproductive health, population and gender issues, and of bringing their particular needs to the attention of policymakers. The UNFPA country office has also been a core sponsor of the annual national forum on indigenous peoples and issues.

58. In Peru, UNFPA has supported national efforts to include in the questionnaire of the national census a question regarding the language spoken by the mother or grandmother of the interviewee, in order to identify those people that come from households with indigenous ancestry. Also noteworthy was that in 2007, the National Statistics and Information Institute published its annual population report, which that focused on indigenous populations and personal identity documentation.

II. UNFPA support to conferences and meetings

59. In Ecuador, the inter-agency thematic group on interculturality convened a meeting of indigenous leaders with representatives of Government and NGOs in order to review the Forum theme and prepare recommendations for the sixth session. In Bolivia, a similar inter-agency group organized a meeting with leaders from the main indigenous groups in the country to prepare the delegation for the sixth session, and, upon its return, held a meeting with representatives from other indigenous groups in order to share the main outcomes and recommendations of the sixth session.

60. At the regional level, the Latin American and Caribbean Division of UNFPA continued providing support for the participation of indigenous women leaders of Enlace Continental de Mujeres Indígenas de las Américas in the sixth session of the Forum, while the country offices of Argentina, Brazil, Ecuador and Nicaragua supported the participation of indigenous leaders from their countries.

61. UNFPA Nicaragua supported the participation of indigenous leaders in a meeting on indigenous peoples held in Honduras in August, while UNFPA México supported a round table on population policies and indigenous peoples in the context of a national consultative process carried out for discussion of its programme priorities for the period 2007-2012. It also provided support for the organization of a national congress on indigenous populations, during which a national network on indigenous population research was established.

III. Facilitating factors and obstacles

62. Facilitating factors and obstacles encountered in our work on indigenous issues has depended greatly on the nature of the countries and the interests of their Governments. In many countries, especially in South America, political conditions have been important opportunities for advancing the agenda.

63. In other countries, obstacles have been related to weak political will, lack of adequate budgets and changes in Government institutions. Nonetheless, in most countries there have been key governmental and civil society partners and indigenous networks that have become strategic for UNFPA in contributing to the implementation of the recommendations of the Forum at both the regional and country levels.